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New labour, new NHS, new-age pharmacy?

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At the turn of the century the government produced its vision for the future of pharmacy. So how did it work out?

KEY POINTS

- 1997 Labour wins general election – New Labour under the leadership of Tony Blair vows to undo Tory government reforms
- 1997 *The New NHS: Modern, Dependable* white paper published – without significant new funds available, Labour compromises on health policy
- 2000 National Plan for NHS launched – significant uplift in NHS spending to create a modernised health service
- 2000 *Pharmacy in the Future* published – shared vision for the future of the pharmacy profession outlined by government

The Labour Party won the 1997 general election with a manifesto commitment to safeguard the basic principles of the NHS while modernising the system to deliver better patient care. The new incumbents had repeatedly promised to undo the Conservative government reforms, particularly the NHS internal market and GP fundholding (GPFH). However, Jennifer Dixon and Nicholas May of the King's Fund commented that, "...with no new big idea to hand akin to the radical changes of 1991, and with an awareness that not all the reforms were bad after all, this government had a problem".[1] This problem was how to modernise the health service while protecting its historical ethos. The compromise solution was outlined in the white paper, *The New NHS: Modern, Dependable*, published in December 1997.[2]

Under the new arrangements shown in Figure 1, GPFH and its derivatives such as Total Purchasing Pilots (TPPs) and Multifunds would be abolished. Primary Care Groups (PCGs) would be introduced, with the responsibility for commissioning services for their local communities. The government intended that, over time, PCGs would have the opportunity to become freestanding Primary Care Trusts (PCTs). Therefore, purchasing power and unified budgets would be going to population-level commissioning organisations, and the role of the GP practice in purchasing services would greatly diminish. One exception to the changes was pharmaceutical care services because practices would still be allocated budgets for their prescribing costs.

Although Tony Blair had warned voters on the eve of the general election that they had "24 hours to save the NHS", immediate plans to rapidly increase health spending were put on hold until 2000, as the new government was forced to follow the Conservative public expenditure plans. In the absence of new monies, the government's modernisation programme focused on the creation of the following: health services regulators, NICE, national frameworks for key diseases, NHS Direct, targets for reducing waiting lists and performing ratings. Without a rapid growth in spending, there was a growing dissatisfaction with Labour health policy. As a consequence, the government's health secretary, Frank Dobson, was replaced by the Blairite moderniser, Alan Milburn, in October 1999.

The NHS plan

As a general election was looming, the new health secretary was keen to set out the government's vision for a modernised health service. As a consequence, *The*

NHS Plan: A Plan for Investment, A Plan for Reform was published in July 2000.[3] As well as confirming the government's commitment to the founding principles of the NHS, the policy document announced a substantial increase in NHS funding with the explicit aim of creating a "health service fit for the 21st century". To achieve this aim, the government pursued a partnership approach to modernisation, and encouraged the main players in healthcare delivery and management to be co-signatories to the document. The health secretary, Alan Milburn, wrote in his introduction: "This is a once in a lifetime opportunity to bring about the most fundamental and far reaching reforms the NHS has seen since it was created. This plan has helped forge a new national alliance behind a modernised NHS." Therefore, each profession had the one-off opportunity to modernise itself within the NHS, with the help of a substantial increase in funding for patient services and professional remuneration.

Alongside the main NHS Plan, the government published *Pharmacy in the Future: Implementing the NHS Plan*.[4] The document outlined Labour's plans for giving patients better access to pharmacy services and for helping them to use medicines more effectively. The document contained plans to increase the number of community pharmacies, to improve out-of-hours coverage and to make more of electronic prescribing. Details were also given on extending prescribing rights to suitably qualified pharmacists and for improving professional regulation. The publication of such a high profile national plan for pharmacy was a triumph for the pharmacy profession, which was in need of both recognition and modernisation. However, the national plan for pharmacy did not happen by chance. Its inclusion may be seen as the outcome of a long and sustained process of thinking, lobbying and discussing, which had its origins in the work of the Nuffield Foundation Pharmacy Inquiry.[5]

Published in 1984, the Nuffield Report was part of the "reprofessionalisation" debate about new, non-dispensing roles for pharmacists, which intensified during the mid-1980s.[6] As the Nuffield Committee could only make recommendations, for change to happen there was a need for action among pharmacy's leadership. In response, Professor Paul Turner of St Bartholomew's Hospital argued that the responsibility for most of the Nuffield recommendations rested with the Pharmaceutical Society of Great Britain.[7] This involved defining more clearly, and enforcing, standards of acceptable conduct in community pharmacy.

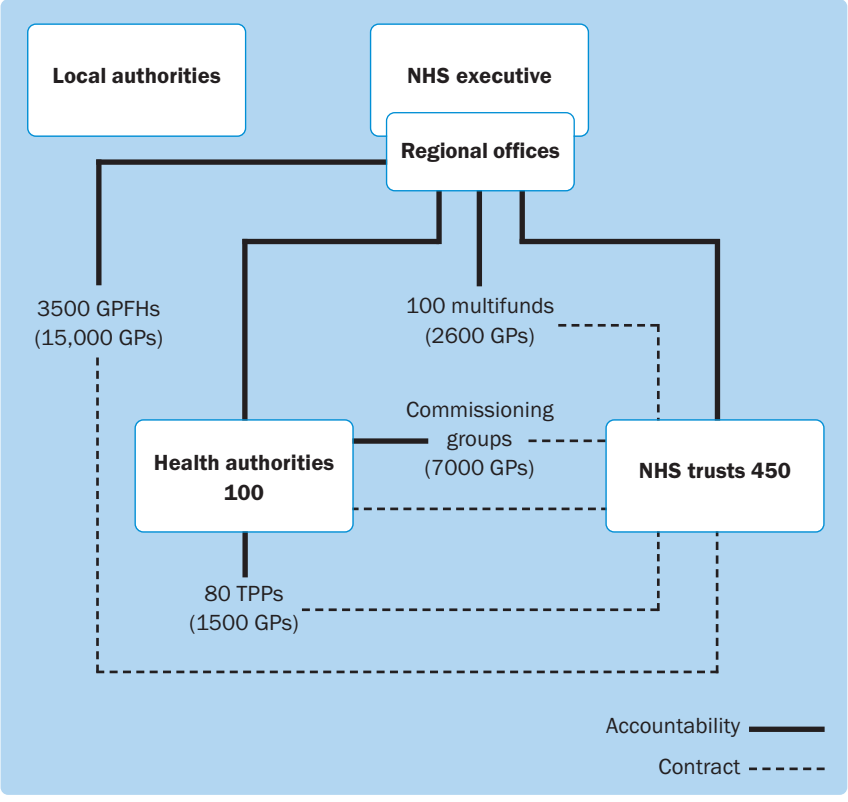

Figure 1. Financing and accountability arrangements in the new NHS compared with the old[2]

Pharmacy in a new age

Although the Pharmaceutical Society continually represented the interests of the profession, not until the mid-1990s did it launch a major initiative to match the scope and remit of the independent Nuffield Inquiry. In September 1996, the Society, which had now received Royal Charter and become the Royal Pharmaceutical Society of Great Britain (RPSGB), launched its *Pharmacy In A New Age* (PIANA) initiative. The initiative was launched at the British Pharmaceutical Conference in September 1995 and continued until early in 1999, just before the Labour government shaped its national plan. During its four-year history, PIANA went through four "iterations" (see Table 1).

Ten years after the launch of this process, Professor Marcus Longley reflected in the *Pharmaceutical Journal* on his recollections of the creation of PIANA.[8] According to the professor, the origins of PIANA are shrouded in mystery. However, at the beginning of 1995 a number of key people in the Society had become convinced that the profession needed a vision of its future that both met pharmacists' aspirations and had a chance of being funded by the government. Based upon similar discussions within the medical and nursing professions, there was a realisation that a coherent vision for the way forward could help bring the profession together and help influence the government because "it could be seen that various individual policy initiatives added up to a better future".

In keeping with New Labour's modernisation agenda, PIANA helped shape a vision for pharmacy that would eventually be aligned with the new government's vision for the NHS. However, during the

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- October 1995 – consultation document *Pharmacy in a New Age: Developing a Strategy for the Future of Pharmacy* was launched by the president of the RPSGB, Ann Lewis
- September 1996 – two documents were published, which were *Summary of Responses* and *The New Horizon: Agenda for Action 1996–97*
- September 1997 – *Building the Future: Targets for 1997–98* was released
- September 1998 – *Over to You* was published, which began with a message from the new president of the RPSGB, Hemant Patel.

Table 1. The four iterations of the PIANA

first half of 1995, the Council of the Pharmaceutical Society held its pharmacy reform discussions in private. According to Professor Longley, "There were obvious risks in having the debate in the open. Would the profession reveal its divisions? Was there a viable future? But these risks were set aside." This was because, "PIANA was so obviously an idea whose time had come." With this belief, the process of consulting the profession began in September 1995 and was terminated in September 1998 with the document, *Over to you*. Although the Society planned to act further, Professor Longley reported that, to some at the time, "this seem liked [sic] the Society was washing its hands of the strategy, and there was some confusion about what exactly was supposed to happen next." Luckily for the Council, its hard work in producing a coherent plan for the profession was in keeping with New Labour's approach to modernising the NHS in partnership with the main health professions.

With Labour's commitment to modernisation, the time for pharmacy seemingly came with the launch of the national plan. For many, there was a hope that this opportunity to re-build pharmacy services around the patient (not the pharmacist) would place the profession at the heart of the NHS and secure its future. Indeed, if the proposals in *Pharmacy in the Future* delivered as promised, pharmaceutical services would be entering a new era of development, which had the potential to alter the relationship between prescribing doctors, community pharmacists and NHS patients.

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